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29989 7590 10/04/2007

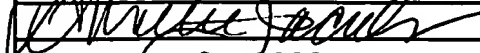
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Annette Jacobs

(Depositor's name)



(Signature)

January 3, 2008

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/909,711	07/19/2001	Eric Sven-Johan Swildens	60095-0024	2091

TITLE OF INVENTION: METHOD FOR DETERMINING METRICS OF A CONTENT DELIVERY AND GLOBAL TRAFFIC MANAGEMENT NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES No	\$730 \$1440	\$300	\$0	\$1030 \$1740.00	01/04/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
JEAN, FRANTZ B	2154	709-223000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kirk D. Wong

Hickman Palermo
Truong & Becker

1991:31 E0
7051:31 E0
1051:31 E0

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Akamai Technologies, Inc.

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1302 (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date January 3, 2008Typed or printed name Kirk D. WongRegistration No. 43,284

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